## **Connecticut WIC Program—Department of Public Health**

# **Creating Effective Partnerships:**

# **Coordinating WIC Certification and Referrals**

Up-to-Date Information on the Connecticut WIC Program for the Health Care Professional

# The health care provider (HCP) plays a key role in the WIC certification process by providing vital health information.

The most efficient and effective method of doing this is by completely recording all pertinent information on the WIC certification form. Required data include:

- Height/length and weight (no more than 60 days from date of certification appointment at WIC)
- Hematocrit or hemoglobin (see table 1 next page)
- Lead test results, if available (more info next page)
- Medical diagnosis/history/ pertinent medications
- Special dietary needs/ restrictions
- Immunization status (infants/ children)

In addition, as described in WIC Fact sheet #3, if a special non-standard formula/medical food is required and/or WIC food restrictions are necessary, the new WIC medical documentation form (replacing the current WIC prescription form) will also need to be filled out. A medical diagnosis correlated to the indications for usage of the specific formula/food is required for justification (ICD-9 code).

Guidelines on completing WIC forms can be found at <a href="https://www.ct.gov/dph/wic">www.ct.gov/dph/wic</a>. Click on "for medical providers" under the left navigation bar.

#### Who is eligible to receive WIC benefits under federal law?

In order to be "certified" as eligible for and enrolled in the WIC program, applicants must meet requirements for *all* of the following:

 <u>Income</u>: <185% federal poverty level or a Medicaid/HUSKY A, TFA, or SNAP recipient (adjunctively eligible)



• <u>Proof of state residency</u>: (legal citizenship is not required or inquired about)



 <u>Category</u>: pregnant woman, breastfeeding woman (up to 1 year), non-breastfeeding postpartum woman (up to 6 months), infant (up to 1st birthday) or child (up to 5th birthday)











 <u>Nutritional risk</u>: identified as having a medical or nutritional risk based on specific USDA criteria





## How is an applicant certified?

Once a potential client has provided demographic information to WIC support staff (income, proof of residency, identity, etc.), the WIC nutritionist performs a nutritional assessment in order to determine nutritional risk. Information provided on the WIC certification form is reviewed and the client/parent is interviewed. Ultimately, the WIC nutritionist identifies the nutritional risk that qualifies the person for enrollment into the program. He/she is required to contact the Health Care Provider (HCP) if additional information is needed.

## How long can a client be certified for?

Category	Certification length of time
Pregnant woman	Up to 6 weeks postpartum
Woman post-delivery: Breastfeeding woman Non-breastfeeding woman	From date of infant's birth: Up to 1 year Up to 6 months
Infant	1 year from date of birth
Child	6 months*



<sup>\*</sup>Children need new certification forms (and medical documentation forms if applicable) at 6 month intervals, for each new recertification visit.



**Table 1: Hematocrit/Hemoglobin Bloodwork Requirements** 

Participant Category	<b>Timeframe for hematological testing</b> based on CDC guidelines (www.cdc.gov/mmwr/preview/mmwrhtml/00051880.htm)
Pregnant Women	During the current pregnancy
Postpartum and Breastfeeding Women	After delivery (4-6 weeks post-delivery recommended- Note: An additional blood test is NOT required for breast- feeding women 6-12 months postpartum.
Infants	Between 6-12 months of age (9-12 months recommended)
Children (12-24 months)	Between 12-24 months of age (15-18 months recommended, should be 6 months after infant test)
Children (2-5 years)	Annually between the ages of two and five years.  Note: If the annual blood test result is abnormal, repeat blood tests are required every six months until normal.



#### Referrals

Referrals have been an integral and mandated part of the WIC Program since its inception in 1974. The WIC Program actively engages in encouraging referrals to the WIC Program from HCPs, hospitals, health departments and other programs and organizations. The WIC Program

also refers clients to programs and agencies. Examples include Medicaid/HUSKY, Supplemental Nutrition Assistance Program (SNAP-formerly known as the Food Stamp Program), Child Support Enforcement, Expanded Food and Nutrition Education Program (EFNEP), 2-1-1, TFA, Birth-to-Three, Children and Youth with Special Health Care Needs (CYSHCN), lead programs, food banks, DSS, DCF, immunization programs, dental care programs, domestic violence programs, financial assistance programs, La Leche League/ breastfeeding support programs and much more.

The State WIC Office has developed a selected referrals brochure that provides information on key state programs such as Medicaid/HUSKY, EFNEP, 2-1-1, and Child Support Services. The information is reviewed with each client by local WIC staff. In addition, each local agency has a community resource list with local referral information specific to their area, as the heart of referrals is really at the local agency level, where community networking is vital to the success of referrals to and from the local WIC Programs.

#### Referral Program Focus: DPH's Lead Poisoning Prevention and Control Program

A **new state law** mandates that an infant/child's pediatric primary HCP test blood lead levels:



- Yearly between 9 months and 35 months of age
- On any child between 35 and 72 months of age who was not previously screened
- At any time when medically indicated

The Connecticut Department of Public Health's Lead Poisoning Prevention and Control Program (LPPCP) and WIC Program collaborate on lead screening referral services. The WIC Nutritionist screens the certification form to determine if blood lead levels are recorded, refers clients to their HCP and the local health department (LHD) when indicated, and provides nutrition guidance to clients/parents when elevated blood lead levels (≥ 10 ug/dl) are present to help reduce the risk of lead absorption. The LHD also mails educational material to the parent/guardian of a child with elevated lead levels. The LHD is required to perform an environmental inspection of the child's home if the blood lead level is high (>20 ug/dl or two tests 15-19 ug/dl taken 3 months apart). If you have any questions about blood lead screening or lead poisoning call DPH's LPPCP at 860-509-7299 or visit the program's website at www.ct.gov/dph/lead.